

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00985

1006

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN LEONARDTOWN				TOWN GREAT MILLS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (First) (Middle) (Last) JOYCE ANN BATES				4. DATE OF DEATH (Month) (Day) (Year) JAN. 13 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH APRIL 19, 1955	9. AGE last birthday yrs. 8 25		IF UNDER 1 YEAR 8 25 IF UNDER 24 HRS. 8 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES R. BATES				14. MOTHER'S MAIDEN NAME GERTRUDE LAWSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS JAMES R. BATES - GREAT MILLS, MARYLAND			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 490X IMMEDIATE CAUSE (A) Bilateral pneumonia							
ANTECEDENT CAUSE(S) DUE TO (B) -----							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) -----							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -----							
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -----		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at home <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from 1.10.1956 to 1.13.1956 , that I last saw the deceased alive on 1.13.1956 , and that death occurred at 11 A.M. from the causes and on the date stated above.							
SIGNATURE [Signature] M.D.				DATE SIGNED LEONARDTOWN, MD			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) TRANSPORTATION		DATE THEREOF 1/14/56		NAME OF CEMETERY OR CREMATORY -----		LOCATION (City, town, or county) (State) NORTON, VIRGINIA	
24. REC'D BY REGISTRAR [Signature]		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS LEONARDTOWN, MD.	
DATE 1-14-56							

CERTIFICATE OF DEATH

Form No. 1

DEPARTMENT OF HEALTH-BALTIMORE, MD

DATE OF DEATH

PLACE HERE

DATE

TIME

PLACE HERE

DATE

PLACE HERE

BUREAU V. 2

JAN 17 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1007

CERTIFICATE OF DEATH

00986

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN RIDGE				TOWN RIDGE			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
RURAL				RURAL			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) GEORGE (Middle) * (Last) BISCOE				(Month) 1 (Day) 28 (Year) 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
MALE	COLORED	MARRIED	AUG. 1, 1877	78 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
FARMING		FARM TENANT		MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
BENJAMIN BISCOE				MARY BARNES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
NO						CALVIN BISCOE * RIDGE, MARYLAND	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
1420.1 IMMEDIATE CAUSE (A) Coronary Arteriosclerosis						5 years	
ANTECEDENT CAUSE(S) DUE TO (B) General Arteriosclerosis						10 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 26, 1956 , to Jan 28, 1956 , that I last saw the deceased alive on Jan 26, 1956 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.							
SIGNATURE [Signature]				DATE SIGNED 1/30/56			
M.D. [Signature]				ADDRESS (Street, city, town, state) RIDGE, MARYLAND			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
BURIAL		2/1/56		ST. PETERS CEMETERY		RIDGE, MARYLAND	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1/30/56		[Signature]		[Signature]		LEONARDTOWN, MD.	

CERTIFICATE OF DEATH

1956

20070722M

BUREAU V. S.

FEB 1 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1008

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00987

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Leonardtown</u>		LENGTH OF STAY (In this place) <u>2 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lexington Park</u>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural give location) <u>21 Tanner Avenue</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Nello Lucille Boggs</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 16, 1915</u>	
9. AGE last birthday <u>40</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Archie V. Bullard</u>		14. MOTHER'S MAIDEN NAME <u>Lulla Mae Forester</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>237 - 01 - 1608</u>	
16. SOCIAL SECURITY NO. <u>237 - 01 - 1608</u>		17. INFORMANT & ADDRESS <u>Hayden L. Boggs 21 Tanner Ave. Lexington Park, Md.</u>		18. MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
592X IMMEDIATE CAUSE (A) <u>Chronic interstitial nephritis</u>							
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5, 1956, to Jan 6, 1956, that I last saw the deceased alive on Jan 6, 1956, and that death occurred at 11:00 A.M. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				DATE SIGNED <u>1/7/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. REC'D BY REGISTRAR <u>Jan 7/56</u>			
DATE THEREOF <u>1/9/56</u>				NAME OF CEMETERY OR CREMATORY <u>Carolina Memorial</u>			
LOCATION (City, town, or county) <u>Kannapolis, North Carolina</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos C. Mattingley</u>			
ADDRESS <u>Leonardtown, Md.</u>							

CERTIFICATE OF DEATH

1918

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN

NAME OF DECEASED: [illegible]

AGE: [illegible]

SEX: [illegible]

RESIDENCE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

PLACE OF BIRTH: [illegible]

1

2

3

4

5

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

BUREAU V. S.

JAN 10 1918

RECEIVED

STANDARDIZATION

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00988

1009

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Bushwood		3 yrs		TOWN Bushwood			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Joseph Sherman Carter				Jan. 7, 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	Colored	Married	July 7, 1875	80 yrs.	6 Months	7 Days	19 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Farm		Maryland		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
George Carter				Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Adora Carter Bushwood, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
DUE TO							
ANTECEDENT CAUSE(S) (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 7, 1955, to Jan 7, 1956, that I last saw the deceased alive on Jan 7, 1956, and that death occurred at 8 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
Leon A. Benke				Medicineville, Md.		Jan 16, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/11/56		Sacred Heart		Bushwood, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				Jos. C. Mattingley		Leonardtwn, Md.	
DATE							
1-11-56							

/ Davis

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
John Doe		Male		45	
Date of Death		Place of Death		Cause of Death	
Jan 12, 1936		Home		Heart Disease	
Time of Death		Physician		Burial Place	
10:00 AM		Dr. Smith		Catholic Cemetery	
Signature of Physician		Signature of Registrar		Signature of Coroner	
[Signature]		[Signature]		[Signature]	

RECEIVED
JAN 12 1936
BUREAU V. S.

1

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN** The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00989

1010

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN SCOTLAND		LENGTH OF STAY (In this place) 16 months		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN ST. INIGOES			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (First) (Middle) (Last) BONHAM S CLARKE				4. DATE OF DEATH (Month) (Day) (Year) 1 - 31 - 19 56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH MAY 19, 1871		9. AGE last birthday 84 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HENRY C. CLARKE				14. MOTHER'S MAIDEN NAME JULIA F. YOUNG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS THOMAS B. CLARKE- ST. INIGOES, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) Coronary sclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSE(S) DUE TO (B) General arterio sclerosis						10 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M. <input type="checkbox"/> at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15 19 54, to Jan 31, 19 56, that I last saw the deceased alive on Jan 30, 19 56, and that death occurred at 2 P.M. from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				ADDRESS (Street, city, town, state) <i>[Signature]</i>		DATE SIGNED <i>[Signature]</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 2 - 4 - 56		NAME OF CEMETERY OR CREMATORY ST. MICHAELS CEMETERY		LOCATION (City, town, or county) (State) RIDGE, MD.	
24. REC'D BY REGISTRAR DATE Feb 1/56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE P. B. ROBINSON		ADDRESS * LEONARDTOWN, MD.	

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

PREVIOUS ILLNESS

BUREAU V. 2

FEB 6 1956

RECEIVED

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON, MASS.

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON, MASS.

1011

00990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 287

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Harford</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>St. Mary's</u>
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN <u>Bridge</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Bridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
F/c (First) (Middle) (Last) <u>Corbin</u>		Jan 2 1976	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Jan 1, 1936</u>
9. AGE last birthday: <u>40</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>John A. Corbin</u>		14. MOTHER'S MAIDEN NAME: <u>John Corbin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY No.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>John A. Corbin</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a)..... Prematurity		
DUE TO		
Antecedent cause(s) (b).....		
Diseases or conditions, if any, giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH: <u>None</u>	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: <u>None</u>	21c. (City or town) (County) (State): <u>None</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u>None</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE: <u>John A. Corbin</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1/2/76</u>
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
		ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>1/2/76</u>	NAME OF CEMETERY OR CREMATORY: <u>St. Peter's</u>
LOCATION (City, town, or county): <u>Bridge</u>	24. FUNERAL DIRECTOR: <u>John A. Corbin</u>	ADDRESS: <u>None</u>
DATE REC'D BY LOCAL REG. <u>1/1/76</u>	REGISTRAR'S SIGNATURE: <u>John A. Corbin</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A. C. 100-100000

JAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1012

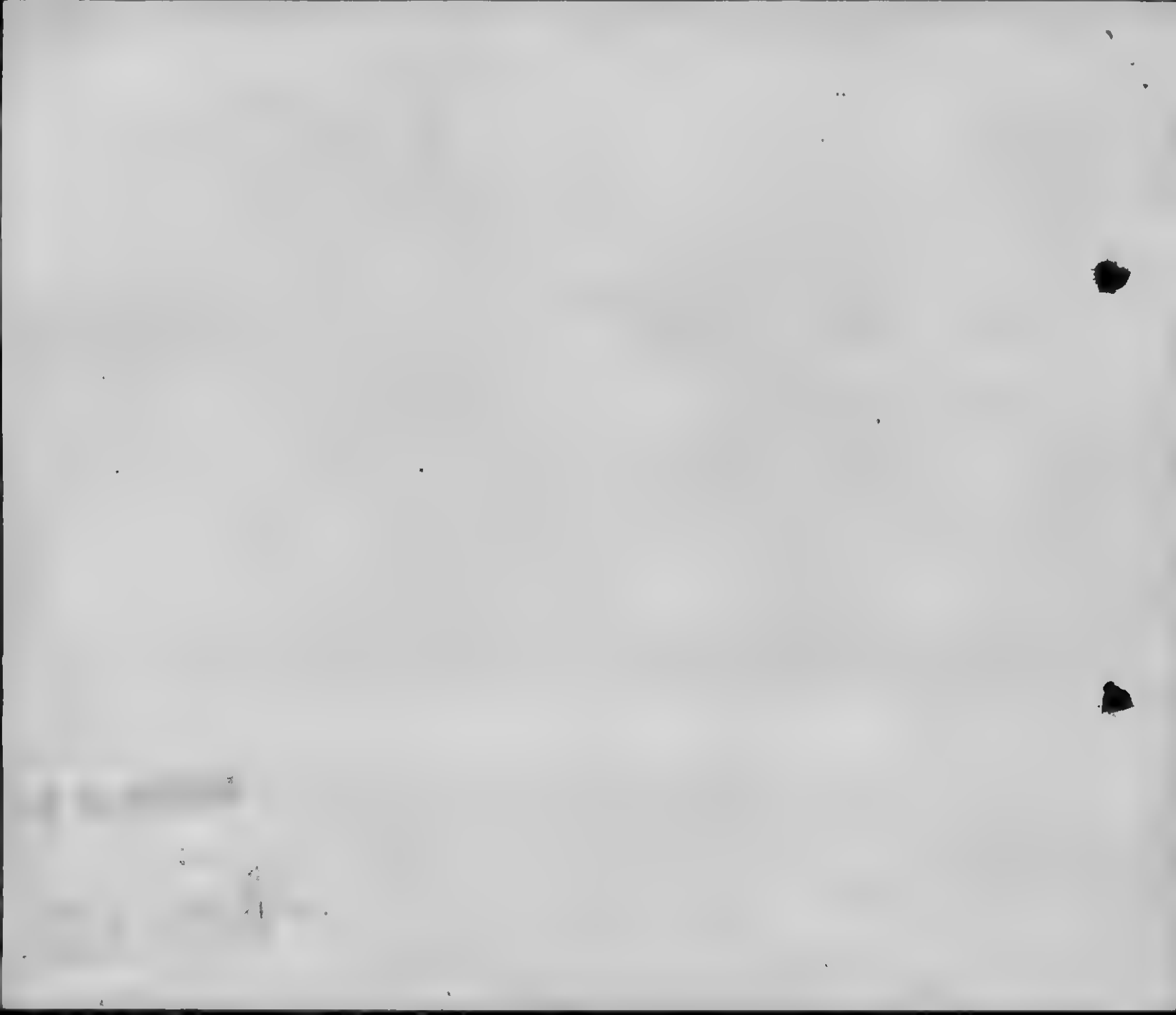
00991

Reg. Dist. No. 282

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St Mary's		MARYLAND		STATE Maryland COUNTY St Mary's			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR			
TOWN Park Hall		Life		TOWN Park Hall			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) Daniel		(Middle) Christopher		(Last) Courtney		(Month) Jan. (Day) 27 (Year) 1956	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:		IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	Colored	Single	May 13, 1955	yrs. 8 Months 14 Days 17 Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
				Maryland		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Ernest C. Courtney				Sadie Butler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
				Ernest C. Courtney Park Hall, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a)..... for (circ) heart DUE TO Antecedent cause(s) (b)..... heart Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c).....							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21c. (City or town) (County) (State)			
				Park Hall St. Mary's Md			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
27 56 P.M.				car hit parked truck			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED 1/28/56			
				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
				ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME		CEMETERY OR CREMATORY	
Burial		1/29/56		St. Anne		St. Anne's, Maryland	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1-30-56		Dean H. H. H. H.		Charles J. Mattingly		Leonardtwn, Md.	



INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 48 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

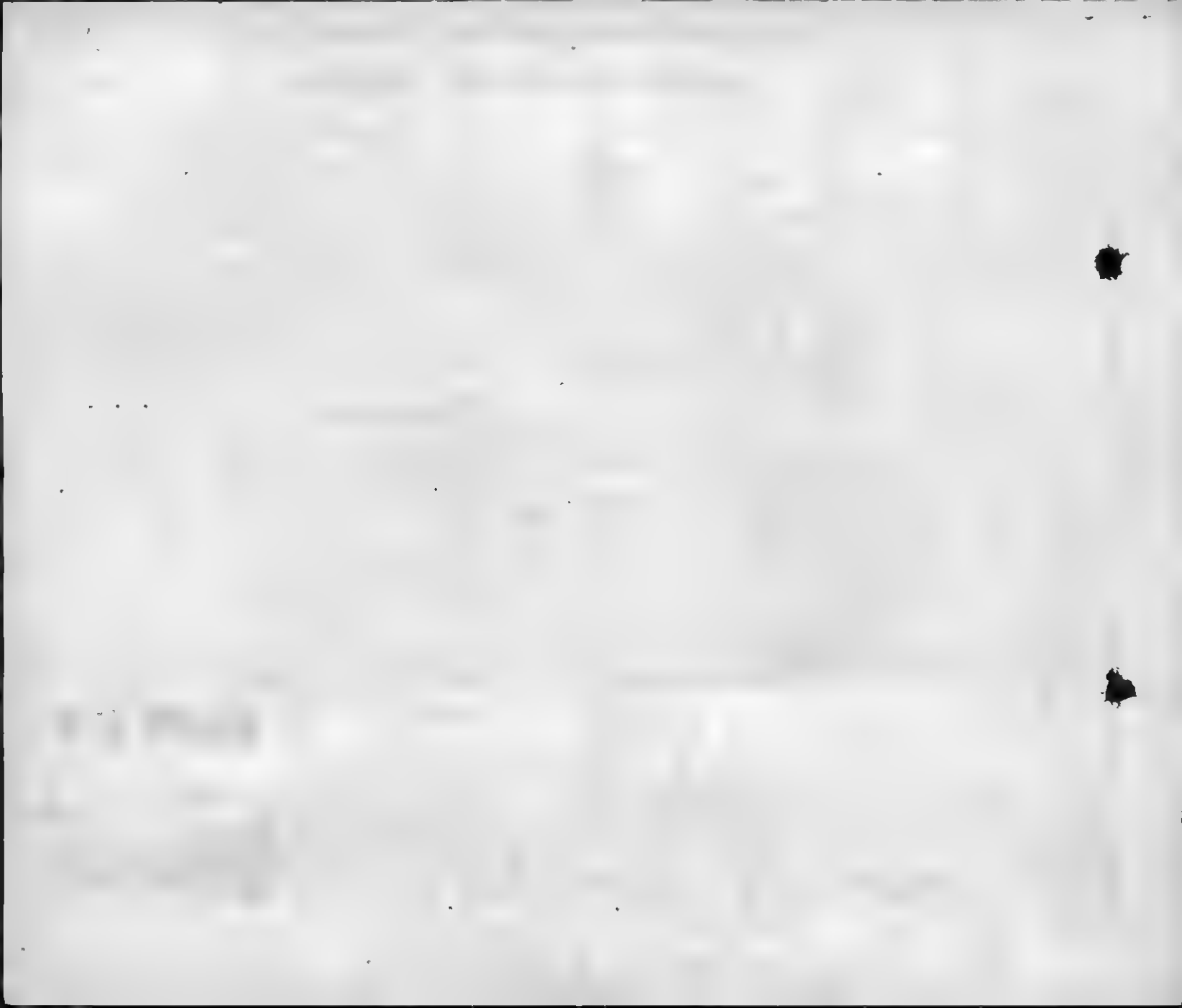
00992

1013

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RFD, Hollywood</u>		<u>5 years</u>		TOWN <u>RFD, Hollywood</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Margaret</u> (n) <u>FARGO</u>				<u>January 20, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>F</u>	<u>White</u>	<u>Widowed</u>	<u>August 15, 1876</u>	<u>80</u> yrs.	<u>5</u> Months <u>5</u> Days	<u>5</u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Home</u>		<u>England</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Unknown</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Mrs. Abel Owens, Hollywood, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
1. IMMEDIATE CAUSE (A)						<u>Arteriosclerotic cardiac vascular disease</u>	
2. ANTECEDENT CAUSE(S) (B)						<u>diarrhea</u>	
3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C)							
4. STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19, 1956, to Jan 19, 1956, that I last saw the deceased alive on Jan 19, 1956, and that death occurred at 7 P.M. from the causes and on the date stated above.							
SIGNATURE <u>J. Roy Guyther</u>				DATE SIGNED <u>1/23/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)				NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>Burial</u>				<u>St. Pauls M. E.</u>		<u>Leonardtwn, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-23-56</u>		<u>Charles J. Mattingly</u>		<u>Charles J. Mattingly</u>		<u>Md.</u>	



CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST MARYS		MARYLAND		STATE MARYLAND		COUNTY ST MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN LEXINGTON PARK		LENGTH OF STAY (in this place) 3 months		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN LEXINGTON PARK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 W RENNELL				STREET ADDRESS (If rural give location) 118 W RENNELL			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) JAMES		(Middle) HENRY		(Last) GOODHART		DATE (Month) (Day) (Year) JAN. 11 19 55/6	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH OCT. 17, 1894	9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BUILDING SUPPLY		11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME BRISCOE GOODHART				14. MOTHER'S MAIDEN NAME IDA MASON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) YES		16. SOCIAL SECURITY NO. 579-24-6284		17. INFORMANT & ADDRESS MAY JOYCE GOODHART* 118 W Rennell Lexington Park, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) Generalized Arteriosclerosis						10 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 27, 1955 to Jan 11, 1956 that I last saw the deceased alive on Jan 11, 1956 , and that death occurred at 12:25 PM , from the causes and on the date stated above.							
SIGNATURE John H. Patmick		M.D. Lexington Park, Md.		ADDRESS (Street, city, town, state) 1-14-56		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 1/16/56		NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL		LOCATION (City, town, or county) (State) ARLINGTON, VIRGINIA	
24. REC'D BY REGISTRAR 1-16-56		REGISTRAR'S SIGNATURE G. D. House		25. FUNERAL DIRECTOR'S SIGNATURE AB Robinson		ADDRESS LEONARDTOWN, MD	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

BUREAU V. E.

JAN 17 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1015

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00994

Reg. Dist.

No. 281

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St. Marys		MARYLAND		STATE Maryland		COUNTY St. Marys	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dameron		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) TOWN Dameron			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural				STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED: (First) Wanda		(Middle) Patrica		(Last) Gunn		4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1956	
5. SEX: female		6. COLOR OR RACE: colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single		8. DATE OF BIRTH: July 17, 1955	
9. AGE last birthday: yrs. 6 Months 12 Days 12 Hours 15 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none		10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: Issac Chisley			
14. MOTHER'S MAIDEN NAME: Cora Dorsey				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -----			
16. SOCIAL SECURITY No.: -----				17. INFORMANT & ADDRESS: Cora Dorsey - Dameron, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) ... Pneumonia DUE TO							
Antecedent cause(s) (b) ... Cough DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none							
19a. DATE OF OPERATION: none						19b. MAJOR FINDING OF OPERATION: none	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH none		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none		21c. (City or town) (County) (State) none			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE [Signature]				M. D. ASSISTANT MEDICAL EXAM. [Signature] DATE SIGNED 1/30/56			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 1/31/56		NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		LOCATION (City, town, or county) (State) Ridge, Md.	
DATE REC'D BY LOCAL REG. Jan 31/56		REGISTRAR'S SIGNATURE [Signature]		M. FUNERAL DIRECTOR [Signature]		ADDRESS Leonardtown, Md.	

RECEIVED

FEB 1 1966

BUREAU V. S.

1016

00995

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 251

1. PLACE OF DEATH:

COUNTY **St Mary's** MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN **Rural Fall Timbers** LENGTH OF STAY (in this place) **10 yrs.**
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **St. Mary's**
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN **Rural Piney Point**
 STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Joseph**Andrew****Jackson Jr.**

4. DATE OF DEATH

(Month)

(Day)

(Year)

January 1**1956**

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Single

8. DATE OF BIRTH:

Oct. 10, 1935

9. AGE last birthday:

20

IF UNDER 1 YEAR

Months 2 Days 21 Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

U.S. ARMY

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Joseph Andrew Jackson

14. MOTHER'S MAIDEN NAME:

Bertie J. Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

YES

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Joseph A. Jackson Piney Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

DUE TO

Fractured skull

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

DUE TO

DUE TO

DUE TO

DUE TO

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DUE TO

INTERVAL BETWEEN ONSET AND DEATH

immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town), (County), (State)

Highway near Fall Timbers St. Mary's Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan 1, 1956 3A.M.21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

Auto collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

P. J. Scanlon

M. D.

CHIEF MEDICAL EXAMINER ☐
 DEPUTY MEDICAL EXAMINER ☐
 ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

Jan 2/56

23. BURIAL, CREMATION, REMOVAL (Specify):

Burial

DATE THEREOF

1/4/56

NAME OF CEMETERY OR CREMATORY

St. George's

LOCATION (City, town, or county)

Valley Lee, Md.

(State)

DATE REC'D BY LOCAL REG.

Jan 2/56

REGISTRAR'S SIGNATURE

P. J. Scanlon

24. FUNERAL DIRECTOR

Jos. C. Mattingley Leonardtown, Md.

ADDRESS

MARGIN RESERVE FOR BINDING

S. A15A-5-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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S N.

1941



INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, a bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, a bottom copy may be retained by the funeral director, the third copy of this death certificate assembly should be retained for use as a burial permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00997

1018

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH COUNTY St. Mary's MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hollywood LENGTH OF STAY (In this place) 4 months				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Florida COUNTY Pinellas CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Petersburg STREET ADDRESS (If rural give location) 2231 Lakeview Ave. South			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Martina Lloyd				4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1956			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH August 15, 1884	9. AGE last birthday 71 yrs.	IF UNDER 1 YEAR Months Days 4 17		IF UNDER 24 HRS. Hours Min. 19 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Preston England		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Green				14. MOTHER'S MAIDEN NAME Mary McHale			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Llewellyn F. Lloyd Hollywood, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Congestive Heart Failure				1 mo			
ANTECEDENT CAUSE(S) DUE TO (B) Coronary Thrombosis				2 mo			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus				10 years			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis				10 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1955 , to Jan 1, 1956 , that I last saw the deceased alive on Jan 1, 1956 , and that death occurred at 10:45 P.M. from the causes and on the date stated above.							
SIGNATURE J. H. Patrick		M.D. Lexington Park, Md.		ADDRESS (Street, city, town, state)		DATE SIGNED 1-3-56	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 1/6/56		NAME OF CEMETERY OR CREMATORY Memorial Park		LOCATION (City, town, or county) (State) St Petersburg Florida	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Jos. C. Mattingley		ADDRESS Leonardtwn, Md.	
DATE							

BUREAU V. 3

JAN 5 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

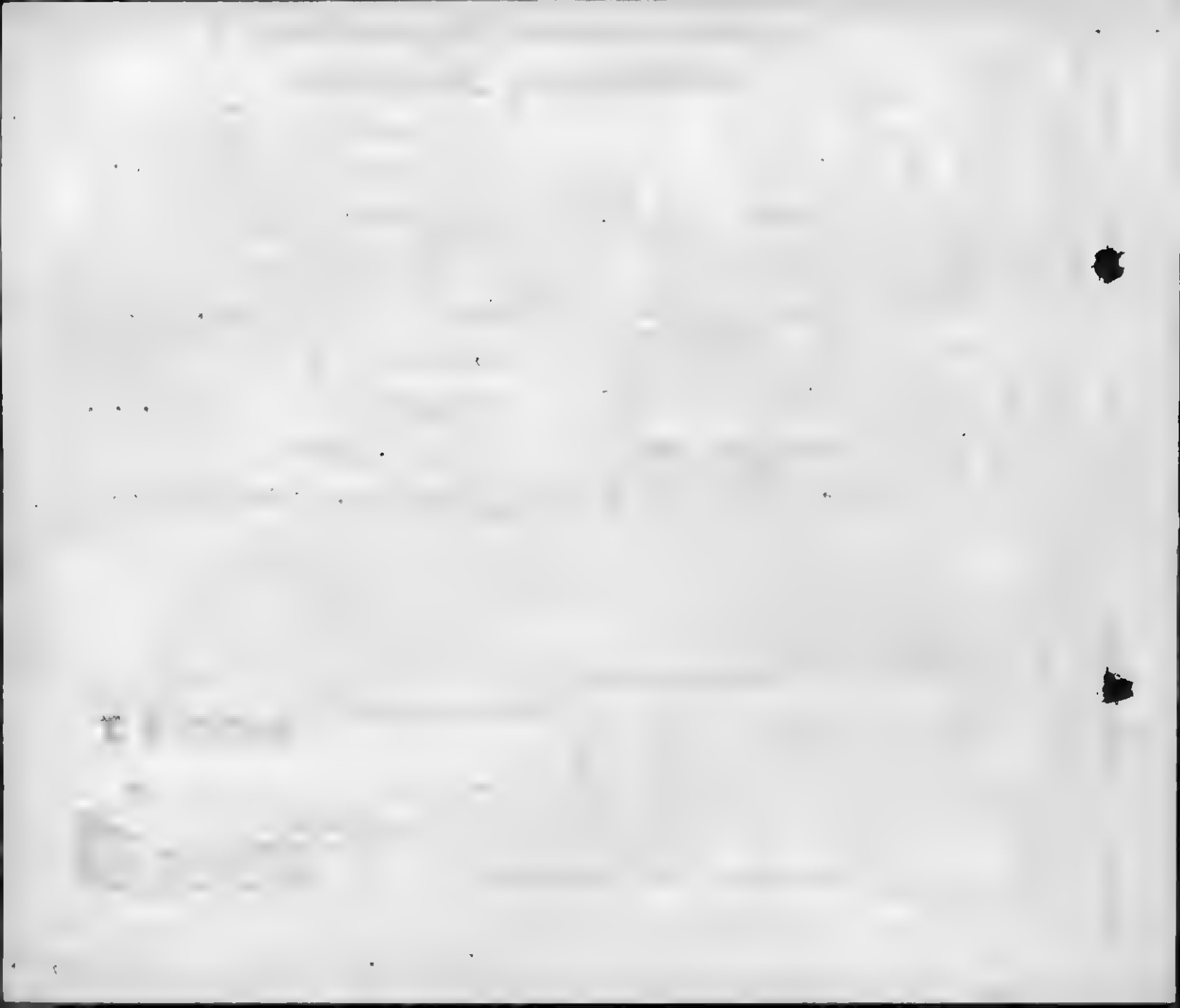
00998

CERTIFICATE OF DEATH

Reg. Dist. No.

282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town) Leonardtwn		LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) Leonardtwn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) Fenwick			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joseph Clement Mattingley				4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1956			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 23, 1890	9. AGE last birthday 65 yrs.	IF UNDER 1 YEAR Months 6	Days 26	IF UNDER 24 HRS. Hours 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Clement Mattingley				14. MOTHER'S MAIDEN NAME Mary M. Hayden			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. 216-07-0599		17. INFORMANT & ADDRESS Charles J. Mattingly Leonardtown, Maryland			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				10 min			
IMMEDIATE CAUSE (A) Coronary Thrombosis							
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 18, 1956 , to Jan 18, 1956 , that I last saw the deceased alive on Jan 18, 1956 , and that death occurred at 9:30 A.M. from the causes and on the date stated above.							
SIGNATURE W. D. Boyd		M.D.		ADDRESS (Street, city, town, state) Leonardtwn		DATE SIGNED 1/19/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/21/56		NAME OF CEMETERY OR CREMATORY St Aloysius		LOCATION (City, town, or county) (State) Leonardtwn, Md.	
24. REC'D BY REGISTRAR DATE 1-23-56		REGISTRAR'S SIGNATURE Charles J. Mattingly		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly		ADDRESS Leonardtwn, Md.	



1

INSTRUCTIONS

THE ATTENDING PHYSICIAN OF THE HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

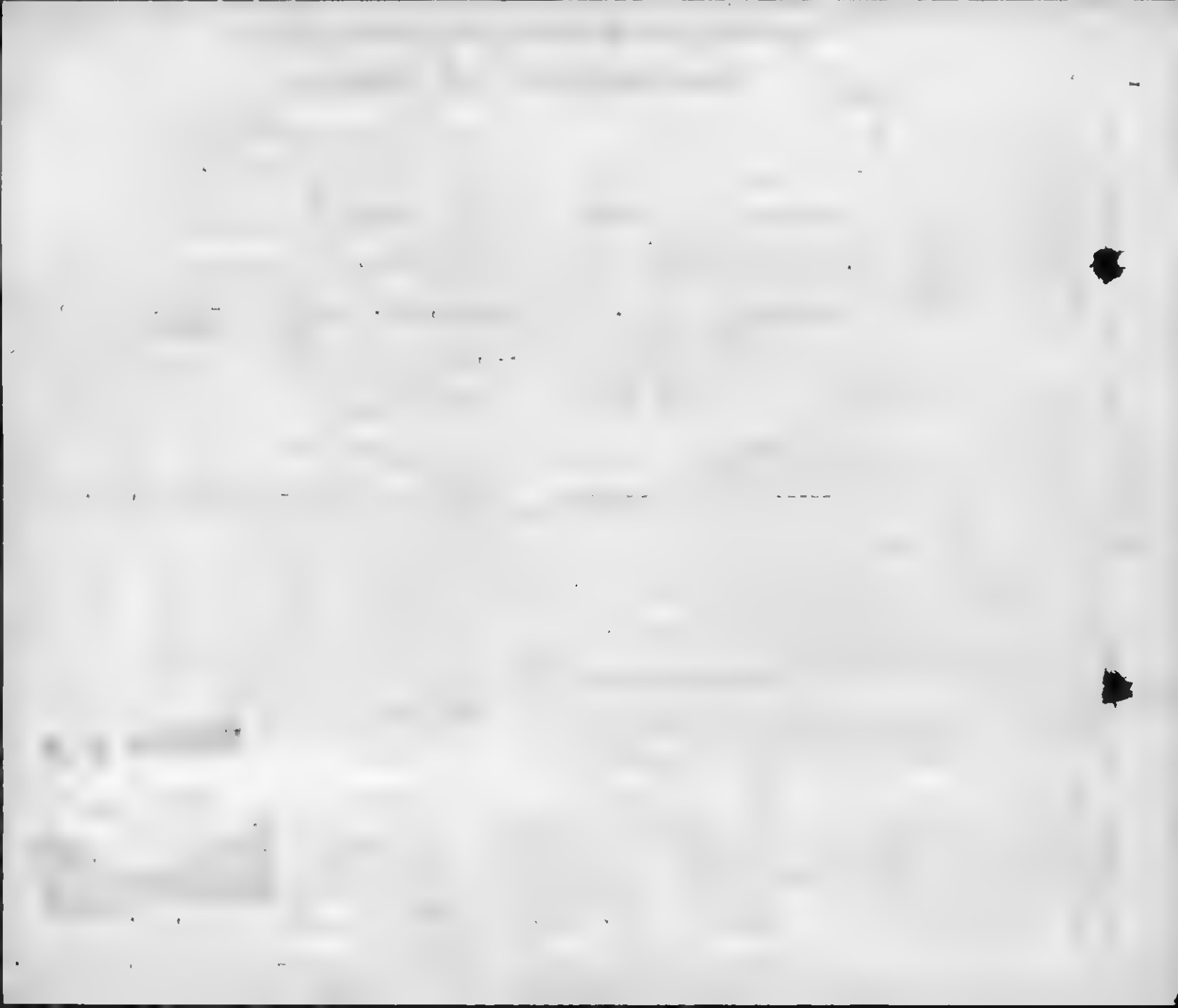
00999

1920

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN LEONARDTOWN		None		TOWN LEONARDTOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print) BERNARD M. NORRIS. SR.				4. DATE OF DEATH (Month) (Day) (Year) 1 - 19 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH NOV. 22, 1865	9. AGE last birthday 90 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ROBERT NORRIS				14. MOTHER'S MAIDEN NAME VICTORIA RUSSELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS BERTMAN NORRIS - LEONARDTOWN, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) Heart Failure						INTERVAL BETWEEN ONSET AND DEATH 24 hours	
ANTECEDENT CAUSE(S) DUE TO (B) Virus Pneumonia						1 month	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Gen. Arteriosclerosis + arteriosclerotic Heart disease						Several years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 28, 1944 , to Jan. 19, 1956 , that I last saw the deceased alive on Jan. 18, 1956 , and that death occurred at 3:40 P.M. from the causes and on the date stated above.							
SIGNATURE Robert T. Fuchs				ADDRESS (Street, city, town, state) Leonardtown, Md.		DATE SIGNED 1/20/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 1/23/56		NAME OF CEMETERY OR CREMATORY ST. ALOYSIUS CEMETERY		LOCATION (City, town, or county) (State) LEONARDTOWN, MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE John D. House		25. FUNERAL DIRECTOR'S SIGNATURE David		ADDRESS LEONARDTOWN, MARYLAND.	



CERTIFICATE OF DEATH

Reg. Dist. No.

1021

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME OF DECEASED)			
COUNTY <u>St. Mary's</u> <u>MARYLAND</u>				STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Clements</u>		<u>4 month</u>		TOWN <u>Clements</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>James</u> (Middle) <u>Edward</u> (Last) <u>Quade</u>				(Month) <u>Jan.</u> (Day) <u>2,</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>August 30, 1955</u>	Yrs. <u>4</u>	Months <u>2</u>	Days <u>2</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>RICHARD EDWARD QUADE</u>				<u>RACHEL ANN PILKERTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				<u>Richard E. Quade Clements, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				<u>Acute generalized suppurative infection</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>2 days.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. A. M. P.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>30 Aug. 1955</u> to <u>1 Jan. 56</u> , that I last saw the deceased alive on <u>30 Dec. 55</u> and that death occurred at <u>8:00</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Joseph E. Gill</u> M.D.				ADDRESS (Street, city, town, state) <u>Leonardtown, Md. 2156.</u> DATE SIGNED <u>12/1/56.</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/2/56</u>		<u>Sacred Heart</u>		<u>Bushwood, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE <u>1-4-56</u>		<u>[Signature]</u>		<u>Jos. C. Mattingley Leonardtown, Md.</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been entered by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

BURTON A. B.

1900

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be attached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1022

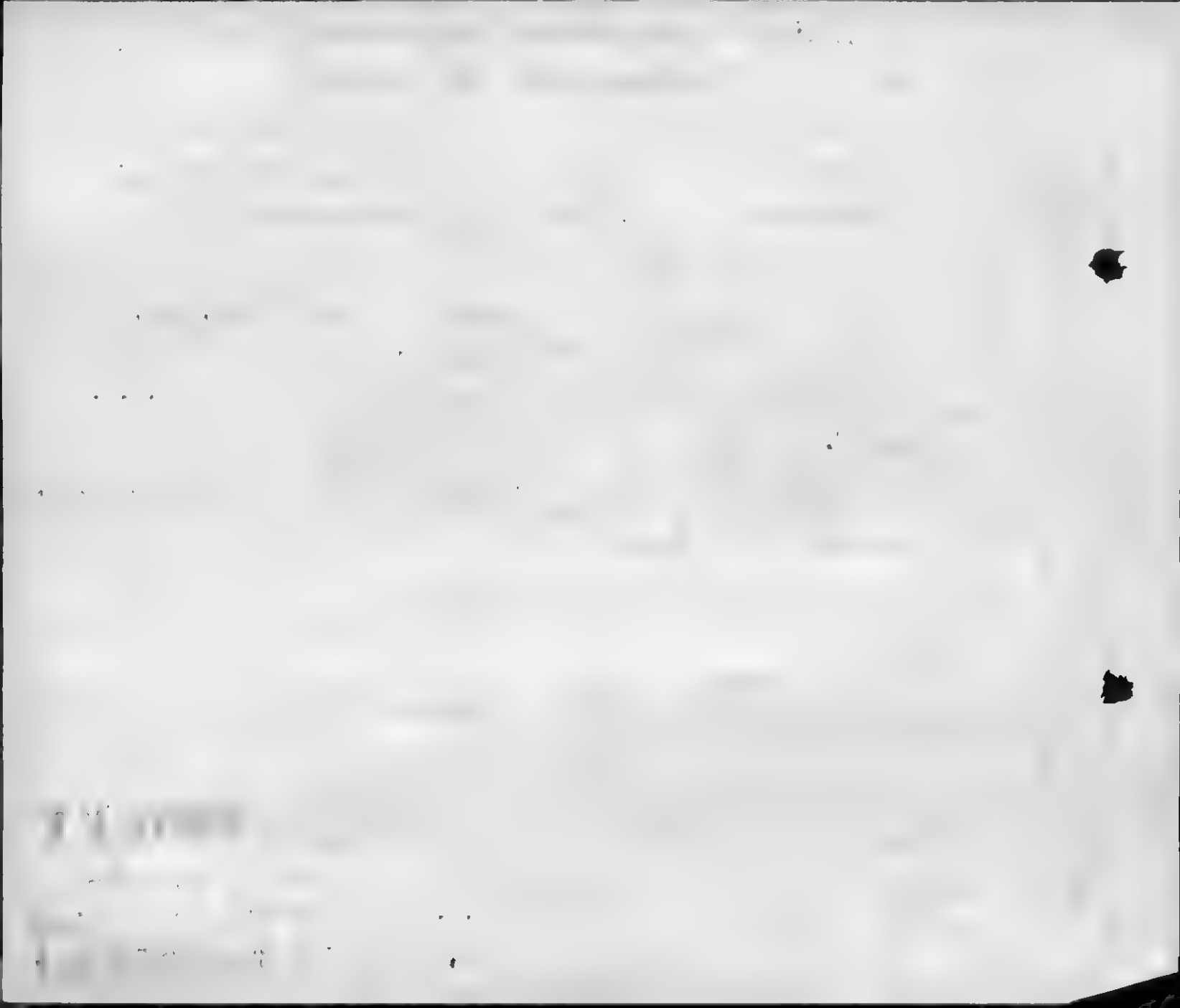
CERTIFICATE OF DEATH

01001

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Leonardtwn		11 days		TOWN Leonardtwn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Erva (Middle) Ruth (Last) Reck				(Month) Jan. (Day) 16 (Year) 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	White	Widow	September 25, 79	76	Months 3	Days 22	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
School Teacher Public School					Maryland		U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Thomas F. Foxwell				Rachel Sanner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Stephen Foxwell Leonardtown, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
174X IMMEDIATE CAUSE (A) Heart Failure						1-2 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) Uremia						3-4 weeks	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Carcinomatosis (Ca of uterus)						2-3 months	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
February 1955		Low intestinal obstruction due to Carcinoma uteri					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 7 , 19 54 , to Jan. 16 , 19 56 , that I last saw the deceased alive on Jan. 16 , 19 56 , and that death occurred at 1:25 P.M. , from the causes and on the date stated above.							
SIGNATURE Robert V. Fuchs				ADDRESS (Street, city, town, state) Leonardtwn, Md		DATE SIGNED 1/17/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/18/56		ST PAUL'S M.E.		Leonardtwn, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1-17-56		Frank L. Housier		Jos. C. Mattingley		Leonardtwn, Md.	

lower



1023
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01002
Reg. Dist.

No. 28

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>St Mary's</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>St Mary's</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural Loveville</u>		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Rural Loveville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Mary</u> (Middle) <u>Rebecca</u> (Last) <u>Russell</u>		(Month) <u>Jan.</u> (Day) <u>26</u> (Year) <u>1956</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH:
<u>Female</u>	<u>White</u>	<u>(Spouse) Widowed</u>	<u>Oct. 8, 1875</u>
9. AGE Last birthday: <u>80</u> yrs		10. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George Graves</u>		14. MOTHER'S MAIDEN NAME: <u>Alice Booth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Marie Morgan Loveville, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		<u>6 mo</u>	
Immediate cause (a) <u>Coronary Heart Failure</u> DUE TO			
Antecedent cause(s) (b) <u>Arteriosclerosis</u> DUE TO			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>			
19a. DATE OF OPERATION: <u>none</u>		19b. MAJOR FINDING OF OPERATION: <u>none</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH: <u>none</u>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) <u>none</u>	
21c. (City or town) (County) (State) <u>none</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> <u>none</u>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.			
SIGNATURE <u>[Signature]</u>		DATE SIGNED <u>1/26/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24. FUNERAL DIRECTOR <u>Charles J. Mattingly Leonardtown, Md.</u>	
DATE THEREOF <u>1/30/56</u>		NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>	
LOCATION (City, town, or county) (State) <u>Morganza, Maryland</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Signature]</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MMT

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01003

1024

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Mechanicsville		Life		TOWN Mechanicsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Elsie (Middle) Jane (Last) Shorter				(Month) Jan. (Day) 21 (Year) 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	Black	Widowed	Oct. 12, 1872	83 yrs.	Months 3	Days 9	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Home		Maryland		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Schley Brown				Henrietta Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Mrs Addele Holly Mechanicsville Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
424 IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO							
DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				Pulmonary tuberculosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
		White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan 1, 1956 to Jan 21, 1956 , that I last saw the deceased alive on Jan 21, 1956 , and that death occurred at 5:00 P.M. from the causes and on the date stated above.							
SIGNATURE Key Guyton				DATE SIGNED Jan 22, 1956			
M.D. Mechanicsville Md.				ADDRESS (Street, city, town, state)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/26/56		Ebenneza		New Market, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
1-24-56		Charles J. Mattingly		Leonardtwn, Md.			

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JAN 25 1961

MAIL ROOM

CERTIFICATE OF DEATH

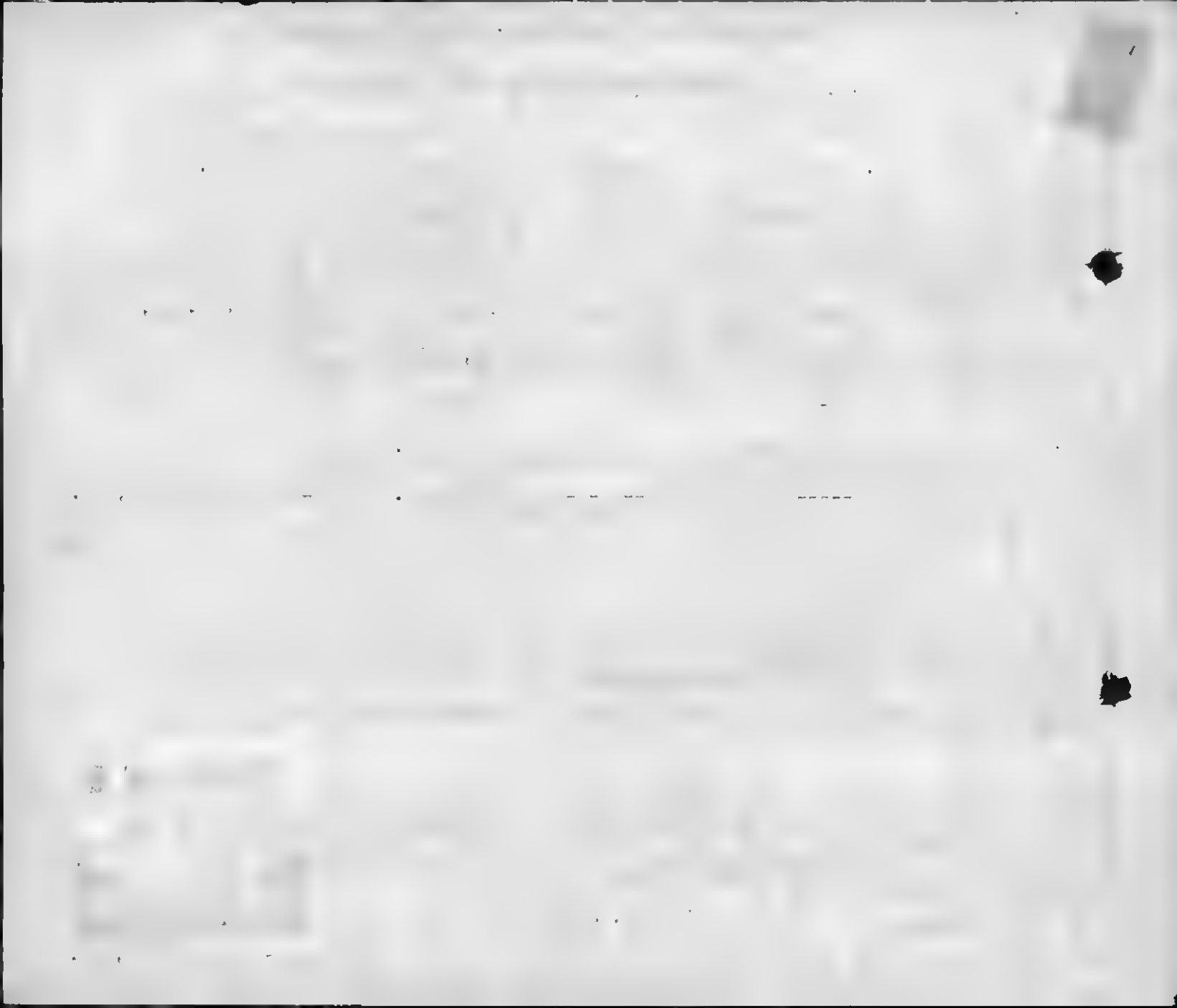
Reg. Dist. No. 282

1025

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN MECHANICSVILLE				TOWN MECHANICSVILLE			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) MARY (Middle) LOUISE (Last) SMITH				JAN. 31, 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	COLORED	SINGLE	MARCH 30, 1913	42 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSE MATR		DOMESTIC		MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
STEPHEN SMITH				MARY L. BRISCOE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO				MARY E. SMITH - MECHANICSVILLE, MD.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				Cerebral Hemorrhage			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 31, 1956 , to Jan 31, 1956 , that I last saw the deceased alive on Jan 31, 1956 , and that death occurred at 1:30 P.M. from the causes and on the date stated above.							
SIGNATURE J. Roy Lyndon				DATE SIGNED 1/31/56			
M.D. Mechanicville, Md				ADDRESS (Street, city, town, state)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		2/3/56		ST. JOSEPH CEMETERY		MORGANZA, MARYLAND	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 2/3/56		Alan L. Hauser		A. B. Robinson		LEONARDTOWN, MD.	

1- INSTRUCTIONS TO ATTENDING PHYSICIAN OF HOSPITAL: The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The bottom copy may be retained by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1026

CERTIFICATE OF DEATH

01005

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Leonardtwn</u>		<u>7 day's</u>		TOWN <u>Piney Point</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St Mary's Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Lynwood Edward Sterling</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28, 1908</u>	9. AGE last birthday <u>47</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lynwood J. Sterling</u>				14. MOTHER'S MAIDEN NAME <u>Ruth E. Camalier</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>577 - 26 - 9965</u>		17. INFORMANT & ADDRESS <u>Genevieve F. Sterling Piney Point,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
252.0 IMMEDIATE CAUSE (A) <u>Congestive Heart failure</u>						<u>1 month</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Thyroid toxicosis</u>						<u>5 year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 23, 1955</u> , to <u>Jan. 21, 1956</u> , that I last saw the deceased alive on <u>Jan. 21, 1956</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>W.D. Boyd</u>				ADDRESS (Street, city, town, state) <u>Leonardtwn, Maryland</u>		DATE SIGNED <u>1/23/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/25/56</u>		NAME OF CEMETERY OR CREMATORY <u>St Aloysius</u>		LOCATION (City, town, or county) (State) <u>Leonardtwn, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>1/24/56</u>		REGISTRAR'S SIGNATURE <u>Glenn A. House</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Mattingly Leonardtown, Md.</u>			

Davis

CERTIFICATE OF DEATH

1956

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Time of death

6. Place of death

7. Cause of death

8. Immediate cause of death

9. Underlying cause of death

10. Manner of death

11. Signature of physician

12. Signature of registrar

13. Signature of coroner

14. Signature of funeral director

15. Signature of medical examiner

16. Signature of health officer

17. Signature of registrar

BUREAU V. B.

JAN 25 1956

RECEIVED

18. Signature of registrar

19. Signature of coroner

20. Signature of medical examiner

21. Signature of health officer

22. Signature of registrar

RECEIVED

RECEIVED

INSTRUCTIONS
1
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1027

CERTIFICATE OF DEATH

01006

Reg. Dist. No. 382

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Mechanicsville		LENGTH OF STAY (In this place) 4 days		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Mechanicsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) Joseph Yorkshire				4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1956			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 31, 1955		9. AGE last birthday yrs. 4	IF UNDER 1 YEAR Months Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James T. Yorkshire				14. MOTHER'S MAIDEN NAME Mary A. Medley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS James T. Yorkshire Mechanicsville			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
773.0 IMMEDIATE CAUSE (A) CONGENITAL DYSFUNCTION, intestinal and pulmonary				INTERVAL BETWEEN ONSET AND DEATH 3 days.			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO UNDERLYING CAUSE LAST, (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 31 Dec. 1955, to 3 Jan. 1956, that I last saw the deceased alive on 30 Dec. 1955, and that death occurred at 8:15 A.M. from the causes and on the date stated above.							
SIGNATURE Joseph E. Gill M.D.				ADDRESS (Street, city, town, state) Mechanicsville Md DATE SIGNED 1/4/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/4/56		NAME OF CEMETERY OR CREMATORY St Joseph's		LOCATION (City, town, or county) (State) Morganza, Maryland	
24. REC'D BY REGISTRAR 1-4-56		REGISTRAR'S SIGNATURE Robert Houser		25. FUNERAL DIRECTOR'S SIGNATURE Jos. C. Mattingley ADDRESS Leonardtwn, Md.			

2020324406

Davis

CERTIFICATE OF DEATH

1951

U.S. FORM NO. 10

INSTRUCTIONS: Fill in the following information as accurately as possible.

1. Name of deceased: *John Doe*

2. Date of death: *January 5, 1951*

3. Place of death: *Home*

4. Cause of death: *Heart disease*

5. Signature of physician: *Dr. J. H. Smith*

BUREAU V. S.

JAN 6 1951

RECEIVED